

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000089980

FILED
Aug 14, 2007
Secretary of State

Entity Name: AMBASSADOR TRANSPORTATION SERVICES, INC.

Current Principal Place of Business:

201 WEST SUNRISE BLVD.
201
FORT LAUDERDALE, FL 33311

New Principal Place of Business:

201 WEST SUNRISE BLVD.
SUITE 2A
FORT LAUDERDALE, FL 33311

Current Mailing Address:

2024 NW 12 AVENUE
FORT LAUDERDALE, FL 33311

New Mailing Address:

FEI Number: 20-5249461 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CADET, GERLYN L AGENT
1906 SW 8 STREET
FORT LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DUVRA, IVALIER
Address: 2024 NW 12 AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: VP () Delete
Name: BORGELLA, BOOUNARD
Address: 5502 WASHINGTON STREET #202-D
City-St-Zip: HOLLYWOOD, FL 33021

Title: SEC () Delete
Name: PIERRE, FRANTZ
Address: 8240 SW 11 STREET
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: TRES () Delete
Name: KAVANAGHT, DICKENS
Address: 6505 EMERALD LAKE DR
City-St-Zip: MIRAMAR, FL 33023

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DUVRA, IVALIER

P

08/14/2007

Electronic Signature of Signing Officer or Director

_____ Date